

A  
Dissertation  
on  
Acute Hydrocephalus Internus  
By Willis Greene  
of Georgia

Read March 25<sup>th</sup> 1823

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The hurried life of a Student of Medicine, who avails himself of the rich stores of medical erudition, and practical experience, spread before him in the different lectures of the University, must necessarily preclude the leisure requisite to that research and reflection essential to the production of an original or experimental dissertation.

In closing my medical attendance at this school, and ambitious of being clothed with its honours, the preparation of a thesis is rendered an indispensable condition by its regulations.

The obstacle to this <sup>law</sup> second is this: I am prevented not in the expectation that I can offer any novelty, but limiting my hopes and ambition that it may serve to convince the respected and learned arbiters of my professional capacities that I have not been an idle or inattentive attendant on their instruction.

The subject that with this view will be

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Hydrophobia  
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described, in these pages is acute Hydrocephalus  
Internus, a disease over <sup>which</sup> every practitioner has to  
deplore the unavailing and inadequate resources  
of his art.

Hydrocephalus early attracted the attention  
of Physicians. It is noticed in the writings of  
the early Greek and Latin authors, though until  
the time of Galen, the term was generally applied  
to designate various effusions beneath the skin or  
under the pericranium.

It is however only in modern times, some  
pathology has been illustrated by post mortem  
examinations, that the precise nature of the disease  
has been clearly demonstrated, and it may with  
propriety be considered as a modern discovery.  
By some writers, it has been proposed to remove  
Hydrocephalus from the class of dropsies, and to  
arrange it among the Phlegmasia or Pyrosis.  
There is no solid ground for separating it from  
the other forms of dropical affections. The fact

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all the analogies of Hydrocephalus, with the other forms of dropsy, prove them to be similar affections. Like the dropsies, too, of the other cavities of the body, the effusion of Hydrocephalus is poured out by the capillaries of a serous membrane, for the Tunica Arachnoidea is regarded by modern anatomists as a serous membrane, containing a fluid that lubricates the exterior surface and internal cavity of the brain.

Hydrocephalus may be considered as acute and chronic, idiopathic or sympathetic. The greater proportion of cases that occur are acute, and proceed from an inflammation, of the Tunica Arachnoidea, <sup>or sympathetically</sup> ~~idiopathically~~ affected, and terminating in serous effusion. Acute sympathetic Hydrocephalus, resulting from many different diseases, is the most common, <sup>form</sup> in which this affection exists. We find it consecutive of some eruptive and other fevers, to be excited by some of the abdominal <sup>or visceral</sup> ~~disorders~~, by derangement of the digestive organs, and by

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the imitation of intestinal worms.

Hydrocephalus rarely attacks adults, but  
sigs on children as its victims. From birth until  
the second dentition is the period, during which  
it is usually displayed, and those individuals of  
a fluid complexion, vigorous constitution, subject  
or depend to convulsions, when brothers or sisters  
have had its suppers, are most obnoxious to this  
cruel malady.

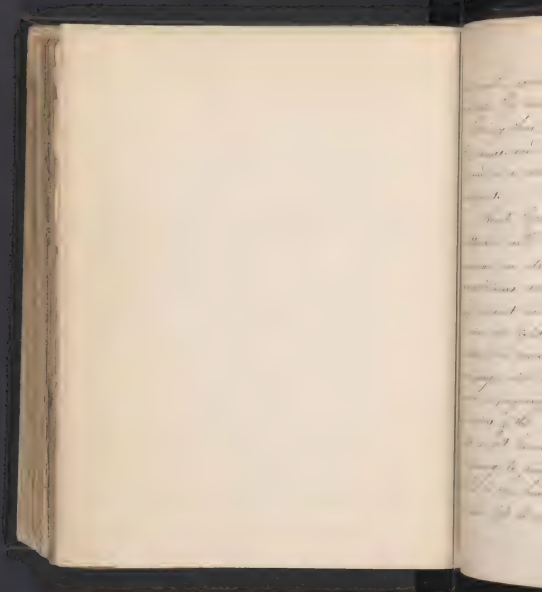
Besides the causes already stated as giving  
rise to Hydrocephalus by Sympathetic imitations  
We may enumerate in addition, and as those  
that properly occasion it idiosyncratically, blows on  
the head or violent concussions, affecting the  
brain, sudden terrors, violent paroxysms of anger,  
the suppression of customary evacuations— as nasal  
Hæmorrhage, the matter of Const. Lactæ, and the  
sudden suppression of transpiration of the head, which,  
in many children is very great.

Narious and opposite opinions have been suggested

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of the value of every individual  
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The main result of this paper is the following theorem.

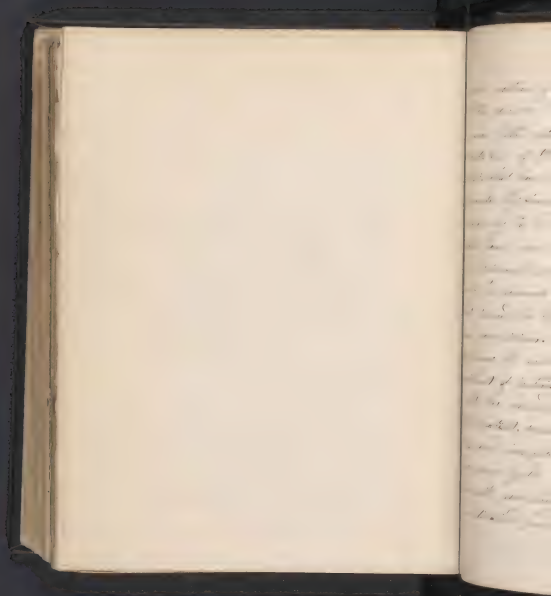
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in some cases with great degree of tenderness. It feels  
at the most as if some occasion were given  
with a stimulus. In some cases it is accompanied  
with a feeling of heat, and in some with  
a feeling of cold. In some cases it is accompanied  
with a feeling of numbness, and in some with  
a feeling of tingling. The pain of neuralgia is often  
described as being <sup>very</sup> acute, but is more  
the sensation of <sup>acute</sup> tenderness, which is not  
quite the same. The pain of the neuralgia is  
sometimes described as being very severe, but is  
in the majority of cases accompanied by a  
feeling of extreme tenderness, which is more  
in slight paroxysms, and sometimes they are  
very severe.

When the patient is seized with neuralgia  
they are often so well under the influence that  
they cannot but have stated. Generally the cases  
are more or less severe, but the pain  
is not so severe as the patient, the



under action of the same rays, when the  
light is more direct, as the beam within a  
cave is still very diffused, and a greater  
evolution of the gases in the clouds, is  
proved, that are less visible, if seen in degrees  
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It is a fact, that in the air, in the  
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At the same time, the action of the light  
of the water, seems to increase, the water  
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It is a fact, that in the air, in the  
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and moderate exercise has been prescribed  
the true nature of the disease, and the present  
symptoms of the first stage have been fully  
developed. It is now an intensification of all  
the alarming symptoms with which the  
patient though making the last effort of nature  
will appear to be rapidly returning to  
a state of health. The stupor will disappear,  
the symptoms of delirium will vanish, the  
phobic paroxysms will cease; the intellect will  
be revived, take new strength, and  
come in hand erect, and no longer present  
a visage of disease; the most threatening  
anxiety the parents, and the physician  
detached by the apparent solution of the disease  
prognosticates a recovery. But suddenly the  
bright prospect is overcast, the symptoms of disease  
return with frightful rapidity and violence  
leading to the fatal termination of the disease.

This remarkable exhibition of cerebral congestion

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appears to be effected by a profuse salivation, and  
copious discharge of serum by vesicles in the  
dermatous sheath of the lower extremities.

The duration of the disease is exceedingly variable  
by the great variation in the biography, and in intensity  
of the symptoms. The duration is protracted beyond  
the fourth or terminates before the commencement  
of the second week. The more violent the reaction  
and the sooner the Streptococcus appears the shorter  
is its course.

Treatment. Two principle indications must be  
pursued in the management of Hydrophobia.

The first is to elicit cerebral irritation, in order  
to arrest the disease, and the second is to remove the  
disease when it has taken place.

To fulfill the first indication, means should  
be had to determine what the state of the system  
at the same time local abstraction of blood should  
be produced by means of leeches and cups. If the  
head be warm, ice should be applied, the air

The first part  
of the book  
is devoted to the  
history of the  
book itself.  
The second part  
contains the  
text of the  
book.

being too purgative, and the pot should  
be immersed in warm water rendered irritating  
by mustard as happens. Blisters covering the whole  
of the scabb are also to be repeatedly applied  
so as to maintain a constant irritation on the  
external surface and considerable discharge of  
serous fluid.

Stimulating purging is to be steadily adhered to.  
For this purpose calomel, either alone or in  
combination with other <sup>the</sup> drastic cathartics, as  
Rhubarb, Emetic tartar, and Glyster, is to be  
preferred. Purgative enemas are also of great  
utility, and should not be neglected, they present  
great advantages, as the extreme irritability  
of the stomach, causes most of the purgatives  
administered by the mouth, to be rejected. In  
general the purgative medicines should be  
given in double the doses usually administered  
as a means of the increase of the purgative  
in this disease. When recovered, there is great

I have been thinking of you  
 and wondering how you are  
 getting on. I hope you are  
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 very busy lately, but I have  
 managed to find some time  
 to write to you. I have been  
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 hope you are well and happy.  
 I have been very busy lately,  
 but I have managed to find  
 some time to write to you.

hardness and tenderness of the abdomen, the powerful purgatives may prove injurious; and in these cases, fomentations and a emicupimus are to be promised.

The constant nausea and vomiting are distressing symptoms, that interfere with the administration of Medicines, and require attention; though our remedies are seldom successful in removing them. Dr. Ferriaroli advises Tinctura Thebaica to be given with this view, but its employment we believe to be injurious, Antispasmodics applied externally, to the epigastric region, are said to be sometimes successful.

The second indication in the treatment of Hydrocephalus is to dissipate the effusion when it has occurred, and which may be pursued simultaneously with the first. Morrey has been advised by Drs. Percival and Lobstein with great confidence, administered internally and in the form ofunction, so as to affect

the salary given  
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Berkshire has  
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to this purpose.  
The pecuniary  
are not suited  
Charles V. Lottomus;  
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the salivary glands. Experience has not justified  
the great encomiums, passed on this medicine  
by those gentlemen, but from its power of exciting  
the absorbent system, it should not be omitted.  
The preparations of Squills should be combined  
with the administration of Mercury, to procure  
a diuretic effect or action.

Corkines have been advised to keep up a  
constant discharge from the nostrils. The flowers  
of Arica and Macaba snuff have been recommended  
for this purpose.

The preceding methodus medendi appears to  
me best suited to the treatment of Acute Sydesis  
= Pholus Ventris; but it is only in the forming  
stage of the disease that we can flatter ourselves  
with a prospect, by pursuing with rigour, that  
we shall have the satisfaction of rescuing our  
patient from a premature grave.

Inaugu.

Hydra

Alex